

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13580</u>	2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2004</u> Through: <u>6</u> / <u>30</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Michael</u> <u>G</u> <u>Sinclair</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 1076</u> Street <u>1145 Commerce Ave.</u> City <u>Longview</u> State <u>Washington</u> ZIP Code + 4 <u>98632</u>	4. Name, file number, and address of labor organization. Name <u>IBEW 970</u> Labor Organization File Number <u>051795</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 1076</u> Street <u>1145 Commerce Avw.</u> City <u>Longview</u> State <u>Washington</u> ZIP Code + 4 <u>98632</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

9/25/2005

Date

360.425.3550

Telephone Number

Name of Person Filing Michael Sinclair	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Michael Sinclair</p> <p>Trade Name, if any: IBEW LU 970</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1076</p> <p>Street</p> <p>City Longview</p> <p>State Washington ZIP Code + 4 98632</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name A&I Benifit Plan Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1220 SW Morrison St. Suite 300</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97205-2222</p>	<p>11.a. Nature of such dealing.</p> <p>Internation Foundation New Trutee Institute Training as a trustee for a pension trust.</p> <p>11.b. Approximate dollar value of such dealing. \$2,658</p> <p>12.a. Nature of interest held or income received.</p> <p>zero</p> <p>12.b. Amount. \$2,658</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Michael Sinclair

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Michael Sinclair

Trade Name, if any: IBEW LU 970

P.O. Box, Bldg., Room No., if any P.O. Box 1076

Street

City Longview

State Washington

ZIP Code + 4 98632

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Electrical Contractors Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 NE Everett Street

City Portland

State Oregon

ZIP Code + 4 97232

11.a. Nature of such dealing.

Christmas Gift

11.b. Approximate dollar value of such dealing.

\$53

12.a. Nature of interest held or income received.

zero

12.b. Amount.

\$53